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**MOTOROLA****FAX TRANSMITTAL SHEET**

Motorola, Inc.
Intellectual Property Section
Law Department
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Libertyville, IL 60048

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11

Number of Pages (including this page)

Date: 10/20/2005
To: Commissioner for Patents
Location: United States Patent and Trademark Office
Fax No.: (571) 273-8300
From: Randall S. Vaas Registration No. 34,479
Subject: Serial No. 10/039,812 Docket No. CS11202

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MESSAGE:

Enclosed herewith, please find:

- ☒ Amendment
- ☒ Amendment Transmittal Form
- ☒ Fee Transmittal Form
- ☒ Petition for Extension of Time

PLEASE GIVE THESE PAPERS TO:

EXAMINER:
GROUP ART UNIT:
SERIAL NO.:
FILED:
INVENTOR:

Jamal, Alexander
2643
10/039,812
11/09/2001
Nobbe, Dan

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OCT 20 2005

ADMENDMENT TRANSMITTAL FORM	
(to be used for all correspondence after initial filing)	
Application Number	10/039,812
Filing Date	11/09/2001
First Named Inventor	Nobbe, Dan
Group Art Unit	2643
Examiner Name	Jamal, Alexander
Attorney Docket Number	CS11202

ENCLOSURES (Check all that apply)

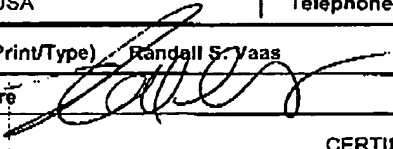
<input checked="" type="checkbox"/> Fee Transmittal Form Group <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to
<input checked="" type="checkbox"/> Amendment/Response Appeals <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of and Interferences
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Fee Address Indication Form	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Response to Missing Parts Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	

Remarks:

CORRESPONDENCE ADDRESS

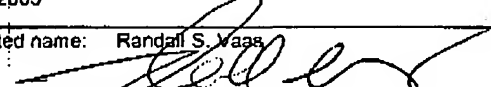
☐ below Customer Number or Bar Code Label 20280 (Insert Customer No. or Attach bar code label here) or ☐ Correspondence address

Name:	Motorola, Inc.		
Address:	Intellectual Property Department		
	600 North U.S. Highway 45, AN475		
City: Libertyville	State: Illinois	Zip Code:	60048
Country: USA	Telephone: 847-523-2327	Fax:	847-523-2350

Name (Print/Type) Randall S. Yaas	Registration No. 34,479
Signature 	Date 10-20-2005

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent Office at (571) 273-8300 on this date: 10/20/2005

Typed or printed name: Randall S. Yaas	Date 10-20-2005
Signature 	

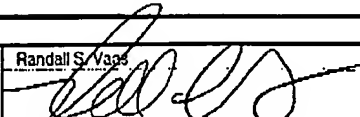
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OCT 20 2005

FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete If Known	
TOTAL AMOUNT OF PAYMENT		(\$ 1,020.00)	
		Application Number	10/039,812
		Filing Date	11/09/2001
		First Named Inventor	Nobbe, Dan
		Examiner Name	Jamal, Alexander
		Group Art Unit	2643
		Attorney Docket No.	CS11202

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																																																																																																																					
Check	Credit card	Money Order	Other	None	4. ADDITIONAL FEES																																																																																																																																																					
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 502117 Deposit Account Name: Motorola, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					<table border="1" style="width:100%"> <thead> <tr> <th>Fee Code</th> <th>Large Entity (\$)</th> <th>Small Entity (\$)</th> <th>Fee Description</th> <th></th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td></td></tr> <tr><td>1063</td><td>130</td><td>1053</td><td>130</td><td></td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td></td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td></td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>80</td><td></td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td></td></tr> <tr><td>1253</td><td>1020</td><td>2253</td><td>510</td><td>1,020.00</td></tr> <tr><td>1254</td><td>1590</td><td>2254</td><td>795</td><td></td></tr> <tr><td>1255</td><td>2180</td><td>2255</td><td>1080</td><td></td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td></td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td></td></tr> <tr><td>1403</td><td>1000</td><td>2403</td><td>500</td><td></td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td></td></tr> <tr><td>1452</td><td>500</td><td>2452</td><td>250</td><td></td></tr> <tr><td>1453</td><td>1500</td><td>2453</td><td>750</td><td></td></tr> <tr><td>1501</td><td>1400</td><td>2501</td><td>700</td><td></td></tr> <tr><td>1502</td><td>800</td><td>2502</td><td>400</td><td></td></tr> <tr><td>1503</td><td>1100</td><td>2503</td><td>550</td><td></td></tr> <tr><td>1450</td><td>130</td><td>1480</td><td>130</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td></td></tr> <tr><td>1808</td><td>180</td><td>1808</td><td>180</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td></td></tr> <tr><td>1809</td><td>790</td><td>2809</td><td>395</td><td></td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td></td></tr> <tr><td>1801</td><td>780</td><td>2801</td><td>395</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td></td></tr> </tbody> </table>					Fee Code	Large Entity (\$)	Small Entity (\$)	Fee Description		1051	130	2051	65		1052	50	2052	25		1063	130	1053	130		1812	2520	1812	2520		1804	920*	1804	920*		1805	1840*	1805	1840*		1251	120	2251	80		1252	450	2252	225		1253	1020	2253	510	1,020.00	1254	1590	2254	795		1255	2180	2255	1080		1401	500	2401	250		1402	500	2402	250		1403	1000	2403	500		1451	1510	1451	1510		1452	500	2452	250		1453	1500	2453	750		1501	1400	2501	700		1502	800	2502	400		1503	1100	2503	550		1450	130	1480	130		1807	50	1807	50		1808	180	1808	180		8021	40	8021	40		1809	790	2809	395		1810	790	2810	395		1801	780	2801	395		1802	900	1802	900	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	Large Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	180	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXTRA CLAIM FEES							
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent: 50 (Large) / 25 (Small Entity) Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent: 200 (Large) / 100 (Small Entity) Multiple Dependent Claims: 360 (Large) / 180 (Small Entity)							
Total Claims: 20 or HP = 0 Extra Claims x 50 = 0 Fee Paid (\$) HP = highest number of total claims paid for, if greater than 3							
Indep. Claims: 3 or HP = 0 Extra Claims x 200 = 0 Fee Paid (\$) HP = highest number of total independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity). For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).							
Total Sheets: 100 = 0 Extra Sheets / 50 = 0 Number of each additional 50 or fraction thereof x 250 = 0 Fee Paid (\$) (round up to a whole number)							

SUBMITTED BY				5. OTHER FEE(S) (specify)			
Name (Print/Type): Randall S. Voss				Non-English Specification, \$130 fee (no small entity discount)			
Signature: 				Fee Paid (\$)			
Registration No. 34,479				Telephone 847-523-2327			
Date 10-20-2005							